

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99695 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1884

Full Name of Deceased, Mary E. Ziebold

Sex, Male or Female, Female

Age, 1 Years, 3 Months, Days.

Color, white

Married, Single, Widow or Widower, Single

Occupation, None

Birth Place, Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, 1224 N. Ave. St.

Cause of Death, Catarrhal Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, May 10th 1884

Undertaker, E. J. Francis

Place of Business, 2826 E. Ave. St.

Medical Attendant, E. J. Francis, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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Health Department, City of Baltimore.

Permit No. 99693 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th. May 1884.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Antonio Sawoloxa

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, Months, 13 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, { Give Street and Number. } Hares Street 1215.

Cause of Death, { First (Primary), Dentition - Second (Immediate), Convulsions }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery.

Date of Burial, May 10 1884

{ Undertaker, J. J. Hanes } William J. Hanes M. D.

Medical Attendant.

{ Place of Business, J. J. Hanes & Son, Address, S. Wolfert 316. }

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9969 Office of Registrar of ~~Vital~~ Statistics.

Ward 9^e

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Taylor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years, W Months, ✓ Days.

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Marble cutter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give Street and Number. } 15 W. Camden st

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Balto. cem.

Date of Burial, May 10th 1887

Undertaker, C. F. Dransner, Jr.

M. W. Webster M. D.
Medical Attendant.

Place of Business, 723 Hanover Address, 106 B. Canal

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99695 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 7, 1887

Full Name of Deceased, James Randall { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years, _____ Months, _____ Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Laborer ✓

Birth Place, Balto { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 617 Greenwillow { Give Street and Number. }

Cause of Death, Inflam. of Bowels
Exhaustion
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharps + Company

Date of Burial, May 9 1887

Undertaker, Herbert P. P. P. Dr. Fleming M. D. Medical Attendant.

Place of Business, 404 Canby St Address, 601 Franklin

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

99696

Office of Registrar of Vital Statistics.

Ward

14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~two to four~~ hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 8th 1887

Full Name of Deceased,

{Write legibly and spell correctly. If an Infant not named, give names of parents.}

Harriet Beech

Sex, Male or Female,

{Cross out the word not required in this line.}

male

Age,

74

Years,

7 ~~28~~

Months,

28

Days.

Color,

White

Married, Single, Widow or Widower,

{Cross out the words not required in this line.}

Widower

Occupation,

Widower

Birth Place,

{State or country, and how long in the United States, if of foreign birth.}

Heavron Co Md

Duration of Residence in the City of Baltimore,

60 yrs

Place of Death,

{Give Street and Number.}

38 So Fulton St

Cause of Death,

{First (Primary),}

{Second (Immediate),}

Nervous Exhaustion

Duration of Last Sickness,

2 months

All the above information should be furnished by the Physician.

Place of Burial,

Mount Olivet Cem

Date of Burial,

May the 10th

{Undertaker,

J. B. Hooper

M. D.

{Place of Business,

100 So Baltimore St

Address,

Dr. H. C. ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99697 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, May 11

Full Name of Deceased, Mary A. Scullin

Sex, Male or Female, Female

Age, Years, 77 Months, 7 Days

Color, White

Married, Single, Widow or Widower, Single

Occupation, Books and

Birth Place, State or country, and how long in the United States, if of foreign birth, Baltimore Md

Duration of Residence in the City of Baltimore, 22

Place of Death, Give Street and Number, 612 Pratt St.

Cause of Death, First (Primary), Apoplexy Second (Immediate), one day

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 12

Undertaker, J. B. Cook

Place of Business, 003 Baltimore Address, J. F. H. Lombard

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99698 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7/87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Gertrude Banks

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 7 Years, _____ Months, _____ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 109 West St.

Cause of Death, { First (Primary), Second (Immediate), } Scrofula
Consumption

Duration of Last Sickness, 6 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Ann's Cem

Date of Burial, May 9th 87

Undertaker, Sorrell & Handy

Place of Business, 1116 Cross St Address, Southern Dispensary

J. N. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99699 Office of Registrar of Vital Statistics. Ward 3 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1887

Full Name of Deceased, Maggie Snyder

Sex, Male or Female, Female

Age, 26 Years, 2 Months, Days.

Color, White

Married, Single, Widow or Widower, Married

Occupation, Balwaty

Birth Place, Prussia

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, 1200 Cor Bond & Pratt Street

Cause of Death, Miscarriage 3rd month

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 10th 1887

Undertaker, Fred Gaede

Place of Business, 108 S. Caroline Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

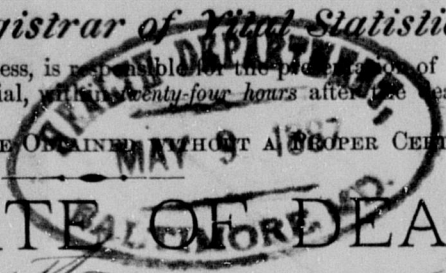
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99700 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 8th 1887

Full Name of Deceased, Henry Boy Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, Male Cross out the word not required in this line.

Age, 4 Years, 2 Months, 5 Days.

Color, White

Married, Single, Widow or Widower, Married Cross out the words not required in this line.

Occupation, laborer

Birth Place, Pennsylvania State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, 314 B. York St Give Street and Number.

Cause of Death, Intussusception First (Primary), Second (Immediate).

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's

Date of Burial, May 10 1887

Undertaker, W. Clark

Place of Business, 92 D. St Address, 111 Broadway

Medical Attendant, J. P. Kelly M. D.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99701 Office of Registrar of Vital Statistics. Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty~~ four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles Augustus Fountain

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 5 Months, Days

Color, (Col)

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, { Give Street and Number. } Jockey Row. Off Broadway

Cause of Death, { First (Primary), Phthisis Pulmonalis }
{ Second (Immediate), }

Duration of Last Sickness, Sick since Birth 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 9 1887

{ Undertaker, Wm W. Medley } { Medical Attendant, John H. Conan M. D. }

{ Place of Business, 46 East st } { Address, 12 24th E. Monument }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]